U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9067	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Shelia A Thompson	Name National Basketball Players Association
	Labor Organization File Number 068-015
P.O. Box, Bldg., Room No., if any Suite 2430	P.O. Box, Building and Room Number, if any Suite 2430
Street Two Penn Plaza	Street Two Penn Plaza
City New York	City New York
State New York ZIP Code + 4 10121	State New York ZIP Code + 4 10121
5. Position in labor organization. Accounting Manager	
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	h, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
	Signature
15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any accoundersigned's knowledge and belief, true, correct, and complete. (See the content of the	alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the the section on penalties in the instructions.)
Signed Shelis Thompson	On 8/10/2005 212-655-0880 Telephone Number

Telephone Number

Date

Name of Person Filing Shelia Thompson	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Bank of America Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1185 Avenue of the Americas City New York State New York ZIP Code + 4 10036	9. Business deals with: A. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Banking Relationship	
Street	11.b. Approximate dollar value of such dealing.	\$2,000
City	12.a. Nature of interest held or income received.	V
State ZIP Code + 4	4 Tickets to NY Mets Game	
	12.b. Amount.	\$400
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	Business Lunch	! !
Name Mitchell & Titus, LLP		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any 27th Floor		
Street One Battery Park Plaza		
City New York		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant 2 ?	14.b. Amount of payment.	\$50

Name of Person Filing Shelia	Thompson	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Bank of America	a. Labor Organization	
Trade Name, if any:	(23)	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1185 Avenue of the Americas	c. Employer	
City New York		
State New York ZIP Code + 4 10036		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Banking Relationship	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		***************************************
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,000
	12.a. Nature of interest held or income received.	
	Business Lunch	:
	Additional transfer of the second sec	
		:
	12.b. Amount.	\$50

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Name of Person Filing Shelia	Thompson	File Number U-

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Bank of America		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	, b. Trust	
	c. Employer	
Street 1185 Avenue of the Americas	c. Employer	
City New York		
State New York ZIP Code + 4 10036		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Banking Relationship	:
Trade Name, if any:		:
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P.O. Box, Bldg., Room No., if any		
Street	The state of the s	
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,000
	12.a. Nature of interest held or income received.	
	Holiday Gift - 12/20/2004	
	No. of the Control of	:
	C. T.	:
		:
	No. of the control of	
	12.b. Amount.	\$35

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Name of Person Filing Shelia	Thompson	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Amalgamated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union Square West City New York State New York ZIP Code + 4 10003	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Banking Relationship	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$1,000
	12.a. Nature of interest held or income received.	
	Holiday Gift - 12/4/2004	
	12.b. Amount.	\$54

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Name of Person Filing Shelia	Thompson		File Number U-	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Carver Federal Savings Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 75 West 125th Street City New York ZIP Code + 4 10027	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Banking Relationship	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$500
	12.a. Nature of interest held or income received.	
	Ticket to Lincoln Center Event & D	inner - 6/7/2004
	12.b. Amount.	\$250

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	1	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Amalgamated Bank	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 15 Union Square West	c. Employer	
City New York		
State New York ZIP Code + 4 10003		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Banking Relationship	:
Trade Name, if any:		
 В предоставления по поставления для подраз подраз подраз подраз подраз подраз поставления поставления подраз подра подраз подраз подра	THE CONTRACTOR OF THE CONTRACT	
P.O. Box, Bldg., Room No., if any	THE COMPANIES.	
Street	And the second s	
City	The state of the s	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$1,000
	12.a. Nature of interest held or income received.	
	Business Lunch	
	A Company of the Comp	form to the second seco
	12.b. Amount.	\$50
1	I and the second	A contract the contract of the

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Name of Person Filing Shelia	Thompson	File Number U-	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Calibre Group Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1050 Street 1850 K Street, NW City Washington State District of Columbia ZIP Code + 4	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Independent Auditor	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$50,000
	12.a. Nature of interest held or income received. Business Lunch - 4/8/2004	
	12.b. Amount.	\$39

Name of Person Filing Shelia	Thompson	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Calibre CPA Group, PLLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1050 Street 1850 K Street, NW City Washington State District of Columbia ZIP Code + 4 20006	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Independent Auditor	
Side 2IF Code + 4	11.b. Approximate dollar value of such dealing.	\$50,000
	12.a, Nature of interest held or income received. Business Lunch - 12/10/2004	
	12.b. Amount.	\$55

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Name of Person Filing Shelia	Thompson		File Number U-

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8. Name and address of Business (inclu	uding trade name, if any).	9. Business deals with:	
Name Fitzmaurice Companies	, Inc.	a. Labor Organization	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Sui	te 2105	b. Trust	
Street 11 Penn Plaza		c. Employer	
City New York			
State New York	ZIP Code + 4 10001		
10. If 9.b. or 9.c. is checked give trust or er	nployer's name.	11.a. Nature of such dealing.	
Name	The state of the s	Benefits Consultant	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,500
		12.a. Nature of interest held or income received.	
		Business Lunch	
		12.b. Amount.	\$50
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8. Name and address of Business (include	ding trade name, if any).	9. Business deals with:	
Name Quantum/Gabelli, L.P. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One Corporate Center City Rye State New York	ZIP Code + 4 10580	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or em	plover's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City		Investment Manager	
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$130,000
		12.a. Nature of interest held or income received.	
		Business Lunch	
		12.b. Amount.	\$75

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (inclu	iding trade name, if a	any). 9. Business deals with:	
Name Total Insurance Broker	rage	a. Labor Organization	
Trade Name, if any:	and a second of the second	b. Trust	
P.O. Box, Bldg., Room No., if any 2nd	Floor	p. Hust	
Street 5 Hillandale Avenue		c. Employer	
City Stamford			
State Connecticut	ZIP Code + 4 06	902	
10. If 9.b. or 9.c. is checked give trust or en	mployer's name.	11.a. Nature of such dealing.	·
Name	g vagarindigad, kajingady a gamingsady miniminady magagada magajawaga a a a gami An a a a a a a a a a a a a a a a a a a a	Property/Casualty Insurance Ager	ıt
Trade Name, if any:	The state of the s		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$3,669
		12.a. Nature of interest held or income receive	d.
		Business Lunch	
		As a similar section of the section	
		To recover takening	:
		12.b. Amount.	\$50

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